ANNUAL REPORT

for the fiscal year
ending March 31, 1987

Department of Health

To His Honour,
The Honourable Alan R. Abraham, C.D.,
Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health for the year ending March 31, 1987.

I have the honour to be, Sir,

Your most obedient servant,

Ronald S. Russell, C.D.
Minister of Health

To The Honourable Ronald S. Russell
Minister of Health
Province of Nova Scotia

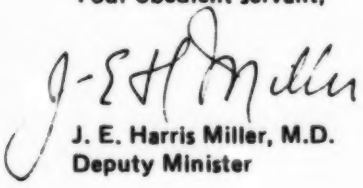
Sir:

I have the honour to submit herewith the Annual Report of the Department of Health for the year ending March 31, 1987.

Health unit and division reports are abridged versions of the complete reports, which are available in the Department.

I have the honour to be, Sir,

Your obedient servant,



J. E. Harris Miller, M.D.
Deputy Minister

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This report is a summary of highlights of the year for the Department as well as a summary of some key activities of the various divisions within the Department. It is intended to give a brief overview of the Department's activities in the province during the year 1986-87. For those who would like further information on these activities, health units and divisions within the Department have prepared reports and analyses of a more detailed nature.

For the fiscal year 1986-87 the Department of Health organized its major functions and support services as outlined below.

DEPUTY MINISTER

Administrator	--	Health Care Institutions
Administrator	--	Psychiatric Mental Health Services
Administrator	--	Community Health Services
Administrator	--	Finance
Administrator	--	Information Systems & Research
Director	--	Vital Statistics
Director	--	Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS DIVISION

The Division is responsible for the Department's programs and services to health care institutions. The principal functions of the Division in fulfilling its responsibilities include:

- monitoring of general hospital operations and standards
- review of availability, accessibility and utilization of hospital services by the community
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals
- hospital services planning

The province, for purposes of planning and reviewing hospital services, is divided into nine regions. Three regional directors cover the hospitals and centres in each of these regions, sharing the responsibility for Region IX, which includes the Halifax Metro area.

Team visits were made to Colchester Regional, Soldiers Memorial, Eastern Kings, Inverness and Sacred Heart Hospitals during the 1986-87 fiscal period. Team visits begin with a review and clarification of hospital performance on a department by department basis. During the visit the Department of Health is represented by the administrator, regional director and staff consultants from the Health Care Institutions Division and

Finance and Systems Research. Along with the hospital administrator and department heads, the hospital is also usually represented by board members and medical staff who attend all or part of the sessions. These visits continue to be received well as they assist in clarifying the hospital's role, identifying problem areas and provide an open forum for discussion and understanding between the Department of Health and the hospital.

Individual visits by regional directors and consultants continued throughout the year on a regular basis and also in response to requests where problems had been identified by the hospital and/or the Department of Health. Every effort is made to keep close contact with hospitals so that a clear understanding of the ongoing situations faced by hospitals and the Department is maintained and problems resolved.

The Nursing Workload Measurement Taskforce completed its work and submitted a final report to the Department just before year end.

The Department encourages hospitals to seek accreditation through the Canadian Council on Hospital Accreditation. By so doing, hospitals voluntarily work towards maintaining and improving on the quality of service provided. Most of the hospitals in the Province are in the accreditation program and cover 90% of the beds in the Province.

Divisional staff are members of various national and regional committees on such topics as; Workload Measurement and Productivity Improvement; the Management Information System project; professional associations; health services standards; energy conservation; construction standards and design and safety; Regional and National Health Services Policy Advisory Groups, i.e., therapeutics, pharmaceuticals, radiotherapy, respirology, dietetics and purchasing. With the exception of the Administrator of the Division, the time commitment to these committees is not extensive but does allow for input from staff to regional and national programs on policy development, as well as maintaining professional contacts for information sharing and co-ordination.

Continued progress was made with the Energy Incentives Program. Four hospitals began energy retrofit projects under this program.

The program to upgrade fire detection and protection systems in hospitals is nearing completion.

A Post Occupancy Evaluation Program is in progress. The POE's evaluate the contribution physical facilities make to the effectiveness of the hospital. Evaluations carried out with the methodology will provide data for revising federal and provincial design guidelines, improve design decisions, and improve retrofits to existing buildings.

A Surplus Retention Program to allow hospitals to retain savings achieved by improved efficiency in providing services was established.

A number of new programs and services began operation during 1986-87.

At the VICTORIA GENERAL HOSPITAL, a lithotripsy unit was opened which will avoid the need for surgery for many individuals with kidney stones.

New clinics in Sackville and Glace Bay were opened by the NOVA SCOTIA HEARING AND SPEECH CLINIC. This will provide improved coverage for this service across the province.

COBEQUID MULTI-SERVICE CENTRE opened expanded ambulatory care services. Radiology and laboratory tests for residents of Bedford and Sackville will no longer require travel to Halifax in most cases. The Multi-Service Centre also includes offices for the Nova Scotia Commission on Drug Dependency and the Nova Scotia Hearing and Speech Clinic.

ABERDEEN HOSPITAL opened an orthopedic surgery service as part of its development as a regional centre. This service will reduce the number of Pictou County residents who must go to Halifax for surgery.

ALL SAINTS HOSPITAL in Springhill opened a regional laundry service that will meet the needs of Highland View Regional and South Cumberland Hospitals, as well as its own requirements.

DIGBY GENERAL HOSPITAL completed the architectural design for a new ambulatory care wing. This will allow construction to begin in the near future.

SOUTH SHORE REGIONAL HOSPITAL has proceeded with construction of its new building. Work has proceeded slightly ahead of schedule and will allow a transfer to the new building to begin in early 1988.

The NOVA SCOTIA REHABILITATION CENTRE completed preliminary planning for a 52 bed expansion. This will double the number of beds for specialized physical medicine and bring the NSRC up to its originally planned number of 104 beds. Architectural design was in progress at year end.

HIGHLAND VIEW HOSPITAL completed preliminary planning for a new hospital. A detached functional program will be prepared in the near future.

ST. MARTHA'S HOSPITAL has proceeded with construction of a new building with the first phase of construction complete at year end.

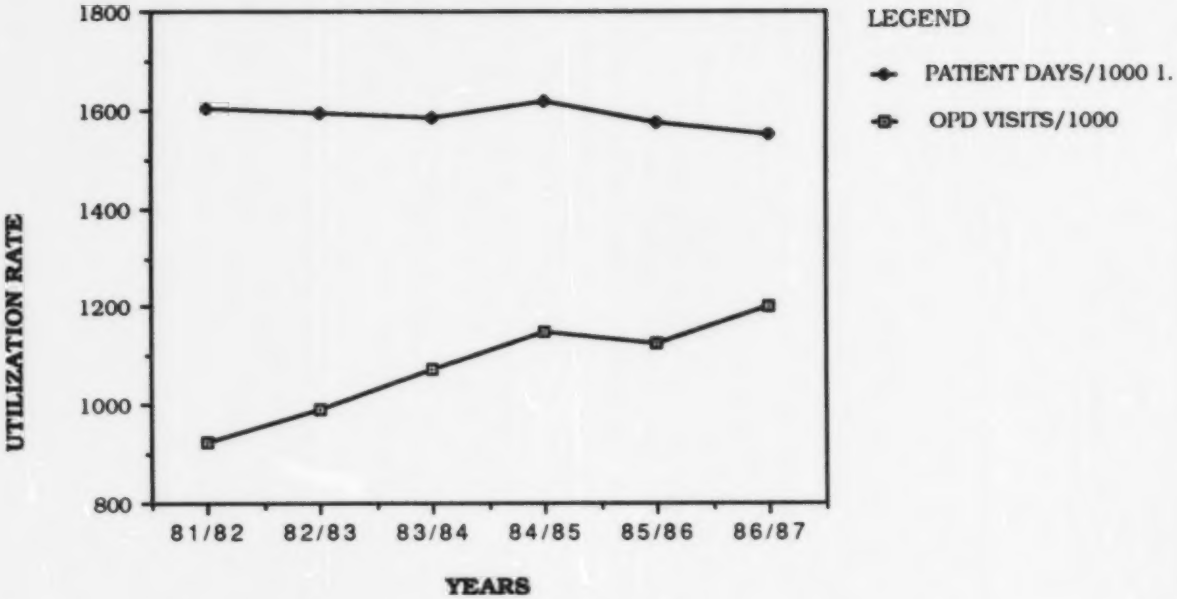
The GRACE MATERNITY HOSPITAL and the I.W.K. HOS-

PITAL worked together closely during the year to plan and design shared support services to be constructed when a new Grace is built adjacent to the I.W.K. in the next several years.

Use of in-patient and out-patient hospital services from 1981-82 to 1986-87 is shown on the two following graphs. The total number of patient days in hospital and out-patient (OPD) visits to hospital are shown in the first graph. The second graph shows the same information in terms of days and visits per 1000 Nova Scotians in each year. Out-patient visits continue to grow at a substantial rate reflecting both new services offered by hospitals and some substitution of newer treatments for treatments that would have required admission to hospitals in the past. A slight decline in the number of patient days reflects the substitution of out-patient for in-patient services and other changes in medical practice such as the increasing use of day surgery.

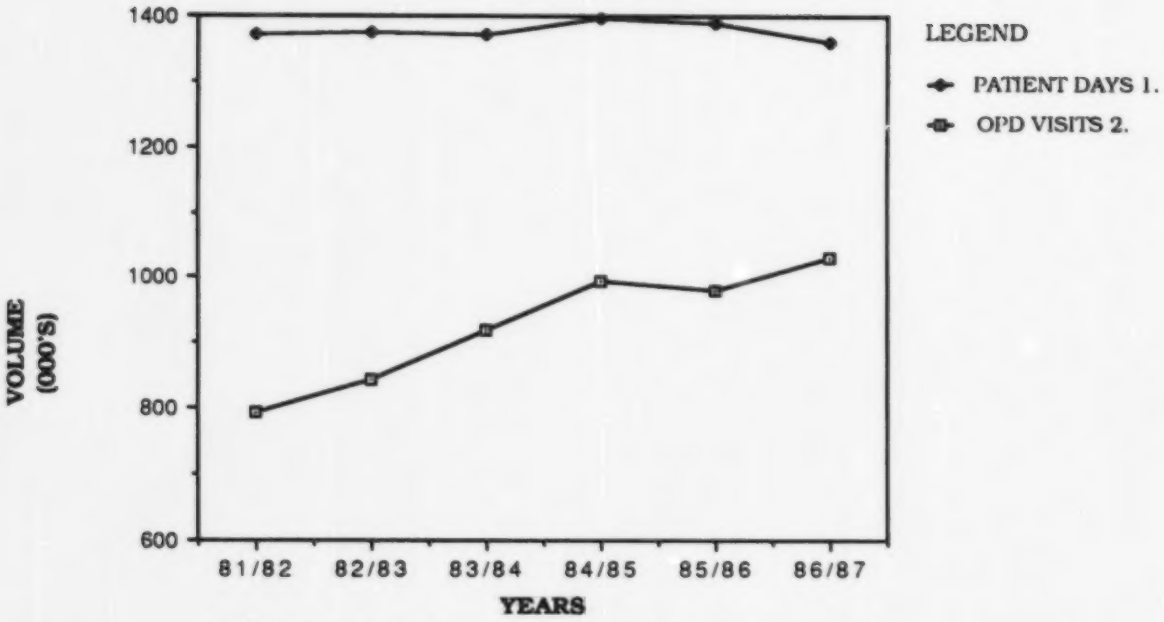
HOSPITAL SERVICES — UTILIZATION

1981/82 — 1986/87



1. About 3.5% of patient days are by non-residents of N.S.

HOSPITAL SERVICES — UTILIZATION
1981/82 — 1986/87



1. A&C Days at General Hospital 2. Organized OPD & Emergency Visits

PSYCHIATRIC MENTAL HEALTH SERVICES DIVISION

During the 1986-87 fiscal year, the Division of Psychiatric Mental Health Services continued its role of overall planning and overseeing the development of decentralized, comprehensive mental health services throughout the province. The Division approves all budgets for psychiatric mental health centres, psychiatric hospitals and psychiatric services included as non-portable blocks of general hospital budgets. The Division is mandated to evaluate and approve new construction, monitor standards and workload, provide staff training and development and provide consultative services.

The principal highlights of the year were as follows:

ATLANTIC CHILD GUIDANCE CENTRE - This Centre was surveyed by the Canadian Council on Hospital Accreditation and was granted a two year accreditation, the highest award given for an initial survey. A Team Meeting was held with Divisional Staff and the Management of the Centre. Recommendations were made concerning program development.

CAPE BRETON HOSPITAL - The Department of Mental Health in the Glace Bay Hospital was formally opened November 14, 1986. Staff was provided for Mental Health Services in the Glace Bay General Hospital and the expansion of these services in Northside Harbour View Hospital. The Cape Breton Hospital is participating in the planning for a new Cape Breton Regional Hospital.

NOVA SCOTIA HOSPITAL - Tel Med Health Information Line was established to provide a taped library of health information available to the general public. Active planning is taking place for the provision of Forensic Services, including young adults. Community Services and Satellite Clinics were expanded. New Life-skills Programs for the mentally handicapped were developed. A general psychiatric in-patient unit was converted into a unit for Geriatric Psychiatry.

GENERAL HOSPITALS WITH PSYCHIATRIC MENTAL HEALTH SERVICES

HIGHLAND VIEW HOSPITAL - A new child psychologist has been employed for the first time. The centre operates satellites in South Cumberland and All Saints Hospitals.

CAMP HILL HOSPITAL - The Lane Community Clinic was moved to a new location, i.e., Collins House.

COLCHESTER HOSPITAL - The Department of Psychiatry and Mental Health Services is continuing to provide consultative services to the Youth Training Centre and the Nova Scotia Residential Centre in Truro. Also, there are ongoing discussions concerning the development of a functional program for In-patient Psychiatric Services in this hospital. This will compliment the present Out-patient and Partial Hospital Programs should the decision be made to develop this service.

SOUTH SHORE REGIONAL HOSPITAL - Construction has started on the new Regional Hospital. Satellite centres continue in Fishermen's Memorial and Queens General Hospitals.

ST. MARTHA'S HOSPITAL - The Functional Program for the Division of Psychiatric Services has been finalized. This includes In-patient, Out-patient and Partial Hospital Programs. This hospital also has satellites in Inverness Consolidated, Strait-Richmond, Eastern Memorial and Guysborough Hospitals.

VALLEY HEALTH SERVICES ASSOCIATION - Planning is taking place for a Psychiatric Unit in the new hospital. A staff psychiatrist is receiving additional training in Child and Adolescent Psychiatry. Satellites continue to operate in Annapolis General, Soldiers Memorial and Western Kings Hospitals and Fundy Mental Health Centre.

VICTORIA GENERAL HOSPITAL - The In-patient Psychiatric Services Department is being reorganized to provide specialized psychiatric care.

YARMOUTH GENERAL HOSPITAL - Plans to expand the in-patient unit, the appointment of a child psychiatrist and other new staff are underway. This hospital also operates satellites in Roseway and Digby General Hospitals and Clare Medical Centre in Meteghan.

STATISTICS - A Pilot Project is continuing at the Valley Health Services Association where the Pro-Scan Reporting System for Social Work was adapted for use for all professionals in the Mental Health Service. A Department of Health Committee with representatives from this Division and the Systems and Research Division has completed a series of reports based on information currently available from existing psychiatric in-patient and out-patient systems. The question of updating or developing a new statistical reporting system for psychiatric mental health services is under active review. It appears clear that workload indicators will become more important in the decision making process in the future of psychiatric mental health, both in the allocation of funds during the budgetary process, staffing recommendations and in overall planning for the delivery of services.

SENIOR STAFF MEETINGS - Two Senior Staff Meetings were held during the year involving all administrators and medical directors from all mental health and psychiatric services, as well as representatives of the M.M.H.P.B. and Nova Scotia Mental Health Association. Reports were made to this group from the Attorney General's Department and Department of Social Services.

CONSULTATION - The Division consultants continue to provide internal and external consultation in their respective areas of expertise.

PUBLIC HEALTH PROGRAMS

COMMUNITY HEALTH SERVICES DIVISION

COMMUNITY HEALTH NURSING DIVISION - Community Health Nursing priorities are the promotion of health and the prevention of illness for all Nova Scotians. Attainment of these priorities is through provision of service to clients (individuals, families or communities) by Community Health Nurses and Certified Nursing Assistants. Within the seven health units, 200 staff are employed and are located in approximately 60 offices. This year has witnessed a significant change in staff and a significant re-evaluation of programs.

Maternal-Child Health provides education and service to the prenatal population through classes (24,196 contacts) and home visiting (5,231); the post-partum population (12,495 contacts) through home visiting; as well as education for health promotion in areas of immunization, child supervision and nutrition (33,416 contacts).

School services are provided by Community Health Nurses by providing education in relation to lifestyle, health and communicable disease.

The Peer Assisted Learning (PAL) Smoking Prevention Program was inserviced provincially this year for implementation in 87-88. As well, the Enhanced Vision Screening Program, developed in collaboration with the Izaak Walton Killam Hospital for Children's Departments of Orthoptics and Ophthalmology, was introduced provincially January 1, 1987.

The Immunization/Communicable Disease Control Programs were busy with the introduction of Haemophilus Influenza type b vaccine to 2-year old children. Provision of immunization, surveillance of communicable diseases and specimen collection were also provided by Community Health Nursing staff.

Nursing and personal care was provided through 77,666 visits to persons at home.

Follow-up assessment within the Mental Health/Psychiatric Program consisted of 8,999 visits.

In addition, continued professional development programs were provided to nursing staff.

HEALTH PROMOTION DIVISION - The Department's health promotion programs are designed to promote healthy lifestyles and to prevent disease and illness. Programs are developed in consultation with the health units and the various health and education organizations and professional groups throughout the province.

The program highlights for 1986-87 include:

"PUT MEASLES ON THE SPOT" was again the theme for the Department's Immunization Awareness Month. During November a multi-media campaign was implemented in co-operation with the Medical Society of Nova Scotia. In addition to promoting measles immunization for elementary school children, women of childbearing age were encouraged to check with their doctors to be assured that they were protected against Rubella (German Measles).

"HEALTHY SMILES LAST A LIFETIME" was this year's Dental Health Month theme. During April, the Department, along with the Nova Scotia Dental Association, conducted a province-wide radio campaign, while the Department's dental hygienists visited schools to organize displays, puppet shows and a caption contest designed to promote good dental health among elementary school children.

"TAKE CHARGE OF YOUR HEALTH" was the theme for Canada Health Day 1986. Health units co-operated with local hospitals, schools and other health agencies in hosting health fairs and displays.

"SECONDHAND SMOKE HURTS" was the theme for the January 87 National Non-Smoking Week Campaign. Throughout the month, the department co-operated with the Nova Scotia Council on Smoking and Health on airing the new national "Break Free" TV commercial targeted at youth.The department assisted the Council by funding a new brochure entitled "Smoking in Public - What's the Law in Halifax and Dartmouth" as well as overseeing the design and production of a companion display unit. Community Health Nurses again visited schools or invited students to the health unit for a variety of information/promotional activities designed to encourage students not to start to smoke. A video and film on second hand smoke were purchased and widely promoted and made available to industries and work sites. The Atlantic Health Unit conducted another successful Weedless on Wednesday (WOW) Corporate Challenge in 24 industries in Halifax, Dartmouth and Halifax County. As well, they hosted a Smoking Prevention/Cessation radio ad contest for grade six students. The Cobequid Health Unit co-sponsored a poster contest and "create a commercial contest"for elementary students.

Between January and March, Community Health Nurses received an in-service on the Peer Assisted Learning Smoking Prevention Program (PAL) developed by Health and Welfare Canada. In addition, the Atlantic Health Unit in-serviced grade six teachers and motivated at least half of them to implement the six core PAL lessons. Other health units plan to do similar teacher in-services during the 87-88 school year.

MEMBERSHIP - The Health Education Officer represented the Department on the Nova Scotia Council on Smoking and Health; the Red Cross Elementary Program Committee; the Association for the Advancement of School Health; the Atlantic Region Health Promotion Committee; the Nova Scotia Safety Council Board of Directors and the Work and Well Being Committee Chaired by the Nova Scotia Division of the Canadian Mental Health Association.

NUTRITION SERVICES DIVISION - Nutrition Services continues to focus on nutrition education programs designed to promote health and prevent disease.

Nine Community Nutritionists located in health units throughout Nova Scotia implement community nutrition programs.

Nutritionists provide guidance and information to professionals and community educators as well as directly to the lay public. Typical activities are the design and execution of workshops, prenatal and infant feeding classes, pre-retirement planning seminars and regular contact with citizens through use of media.

The primary program emphasis at this time is maternal and child health. Consequently, nutritionists work routinely with health professionals and volunteer agencies, preschool centre staff, educators in the school system and leaders of community groups. A close liaison is maintained with the Departments of Social Services and Agriculture.

The promotion of breastfeeding is a major priority for many nutritionists, who work closely with other health unit staff to offer education and guidance to prospective new parents.

Nutrition Services is a major source of printed nutrition information for professionals and the public. YEAR ONE, FOOD FOR BABY was developed by Nutrition Services and is distributed by community health nurses and nutritionists to parents of all newborns in the province. Health professionals report that motivated parents use YEAR ONE, FOOD FOR BABY daily. AFTER YEAR ONE, A GUIDE FOR PARENTS was developed as a sequel to Year One to help parents develop good food choices in children aged 1-6 years. This resource was first released in June, 1985.

Nutrition Services has also developed a resource entitled THE NOVA SCOTIA EATER'S ALMANAC which is a practical guide to nutrition for consumers in Nova Scotia. This resource was distributed for the first time in 1985-86 and has been subsequently reprinted several times because of demand from the public.

The school program continues to change and develop. Community Nutritionists actively promote the need for nutrition education among school decision makers. This year services included teacher workshops, resource lending services (such as films, books), surveys of adolescent eating habits for district school boards and training for school food service. In addition, special summer programs, such as NUTRITION IN THE PARK have been co-ordinated by Nutrition Services in several health units. This program is designed to promote healthy food choices with school-aged children through the use of games, stories and special activities.

Nutrition Services provides a consultative role to the Department of Social Services, Day Care Branch. Community nutritionists review menus served in centres and provide feedback to Day Care Services for their use in renewing licenses. Training programs for staff of preschool centres are an ongoing part of the services provided by Nutrition Services.

In 1986-87, community nutritionists developed a new menu evaluation package for use by operators of day care centres in the province to ensure the provision of nutritionally balanced meals to all children attending full day centres.

In 1986, several community nutritionists participated in the design and execution of the dietary component of The Cape Breton Health Habit Survey. The data collected will be useful in the planning of future health promotion programs.

Community nutritionists are represented in a wide variety of organizations ranging from the Federal-Provincial Sub-Committee on Nutrition, day care centre boards, Women's Health Education Network, The Nova Scotia Heart Foundation and boards and committees of other professional associations at the local, provincial and national levels. These avenues continue to be effective in influencing the policies and priorities of organizations that have the potential to impact on the nutritional health of Nova Scotians.

EPIDEMIOLOGY DIVISION - Communicable disease surveillance, and the formulation of related control policies, continues to be one of the major activities of Epidemiology. Sexually transmitted diseases (STD), such as gonorrhea, chlamydia trachomatis and, acquired immune deficiency syndrome (AIDS) are maintaining their status as a major health problem. Nine cases of AIDS were reported during the fiscal year 1986-87, as compared to only one case during 1985-86, bringing the total to 16 "full-blown" cases since January 1983. Approximately 85 individuals have also been found to have evidence of HIV (AIDS virus) infection, since the antibody screening test was made available in November 1985. While the dramatic rise in the incidence of AIDS is of concern, this trend had previously been observed in other areas where AIDS is much more prevalent. In fact, Nova Scotia continues to rank a distant fifth or sixth, for the prevalence of AIDS, when compared to other Canadian provinces. In order to meet this emerging public health problem, an increasing amount of time is being spent on developing control measures for preventing the spread of AIDS, and participating on various advisory committees.

Another area which is a major activity of Epidemiology is concerned with vaccine-preventable diseases and the Department's immunization program. Another vaccine-preventable disease was added to the growing list of preventable infectious childhood diseases, when the department included immunization with hemophilus influenza b polysaccharide vaccine for all two-year-olds in November 1986. This new vaccine will protect against the most common form of bacterial meningitis in children below the age of 5 years - i.e., hemophilus influenzae type b meningitis - as well as preventing other serious infections (e.g. epiglottitis) due to this organism.

Except for the tail-end of the measles epidemic which began in November 1985, and ended in August 1986, there were no reported outbreaks of vaccine-preventable diseases during 1986-87. Annual influenza immunization has become increasingly popular, being strongly promoted for high-risk individuals. Despite the introduction of "Taiwan flu" during the 1986-87 'flu' season, this province did not experience any major influenza outbreaks, although activity from 'flu-like' illness was somewhat higher compared to the previous six years.

Epidemiology continues to have major involvement in non-communicable diseases, particularly cardiovascular disease, cancer, and birth defects. Surveillance for congenital anomalies began in July 1985 when Nova Scotia joined the other Canadian provinces that participate in the Canadian Congenital Anomalies Surveillance System. This information system is nationally coordinated by the Laboratory Centre for Disease Control, Health and Welfare Canada. It is designed to capture information on birth defects from rountinely collected birth registration and hospitalization records. Finally, The Nova Scotia-Saskatchewan Cardiovasular Disease Epidemiology Project, a collaborative endeavour involving federal and provincial health agencies and universities completed a study for the incidence and case-fatality rates of myocardial infarction in 1977-78 in both provinces, and prepared reports for publication. A similar investigation for the years 1981 and 1985, will be conducted in the near future.

DENTAL DIVISION - The Department of Health continued operation of the Dental Program during the fiscal year ending March 31, 1987, by rendering treatment and preventive dental services to elementary-aged children and preschoolers. Children in dentally underserviced areas and those at high risk to dental decay represent the target population and were considered top priority recipients under the program.

Services provided by dentists consisted of oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation and referral and preventive services. Support for, and promotion of, fluoridation was extended to those communities requesting assistance and information.

Dental hygienists employed by the Department of Health provided preventive dental services aimed at preschool and elementary-aged children in underserviced, high-risk, non-fluoridated areas of Nova Scotia. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow up, and referral for dental care. Oral health promotion continued as the other major activity of dental hygienists, both at the individual patient level and at the

community level. This part of the program is being emphasized by the Department due to its impacts in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the MSI Dental Program.

The Dental Incentive Program continued to provide financial assistance to locate dentists in underserviced communities in the province. Once again, the result of this program has been a better distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

AMBULANCE SUBSIDY PROGRAM - The Ambulance Advisory Board was established by Order in Council in 1971 to assist the province in the administration of the financial assistance program to ambulance operators. The Board is appointed by, and makes recommendations to, the Minister of Health on all aspects of ambulance services in the province.

The Director of the Ambulance Subsidy Program reports to the Administrator of Community Health Services and is responsible for the day-to-day management of the Ambulance Subsidy Program.

The Director is responsible for ensuring that all residents of Nova Scotia have reasonable access to ambulance service, using safe vehicles and appropriately qualified personnel. The Director is responsible for negotiating an agreement between the ambulance operators of Nova Scotia and the Province on a yearly basis and, subsequently, for administering the reimbursement of funds to approved ambulance operators. The Ambulance Subsidy Program provides funds to operate the Ambulance Attendants Training Program, which is responsible for developing and maintaining the expertise of ambulance attendants.

During the fiscal year 1986-87 a total of 63,531 calls were carried out with a total expenditure of $7,411,250.50; included in this figure are calls which were listed in Accounts Payable and will be paid in the current year 1987-88. The number of calls performed in 1986-87 represents an increase of 7.3% over the total calls performed in 1985-86. There was also an increase in

interhospital transfers, amounting to 10.5% during the same period.

PUBLIC HEALTH ENGINEERING DIVISION - The Division of Public Health Engineering provides health-related engineering services, both as required under the Health Act and as a service to other government departments, municipalities, planning bodies, professional consultants and the general public.

The Division includes eight regional public health engineers and a specialist public health engineer, who report to the Director of Public Health Engineering. Each region is assigned as near as possible on a workload basis and can cover part of one or more Health Units. Regional public health engineers perform duties as specialists in public health engineering and, under the general direction of the Director, are responsible for advising, consulting, planning, inspecting and coordinating the technical plans, policies, procedures and programs at the health unit level. The engineering and inspection components are complementary to each other; a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools, and construction and extensions to these projects are reviewed by the public health engineers prior to departmental approval being given.

The Division is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the Division.

Educational and instructional activities are a major portion of the work program of the Division. Lectures are given to other health-related disciplines in all phases of environmental sanitation, papers are presented at professional conferences and meetings and talks are given to community gatherings.

Division staff represent the Department on interdepartmental committees related to regional planning, solid waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters that require input from the Division. Federal/provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials also require participation by Division staff, as well as many local, municipal or regional bodies. Divisional staff also participate actively in appropriate professional organizations, including the Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association and the Nova Scotia Association of Professional Engineers.

RADIATION INSPECTION SECTION - The main effort of staff of this Section continued to be directed towards radiation inspections of hospitals, dental offices, and other premises, including industrial. Records of actual exposure to occupationally exposed persons were maintained, and evaluating the potential radiation risk to workers, patients, and the public continued. In addition to the medical and industrial sources, surveillance of environmental radiation included the monitoring of fallout from the Chernobyl incident, and radon gas measurements in homes. The Section was also involved in giving lectures and in attendance at meetings with their federal and provincial counterparts.

PUBLIC HEALTH INSPECTION DIVISION - The Division of Public Health Inspection function is carried out through the seven health units in the province.

Inspectors are located strategically in 27 offices throughout the province, where they are able to provide service and consultation to Boards of Health, municipal bodies, other departments of government (both federal and provincial) and to the people within the community. The Chief Public Health Inspector is responsible for technical competence of the inspection staff, program development and program monitoring, as well as consultative services to the health units, other government departments and the general public. The Public Health Inspection

Division works in close liaison with the Division of Public Health Engineering.

To ensure the duties of the Inspection Division include adequate preventive measures to protect the health of the community, the main duties of the Division are grouped under a number of headings, including: monitoring of public and private water supplies; on-site and municipal sewage disposal; food service areas, including: eating establishments, foodshops, pasteurization plants, milk and milk products and bakeries; swimming pools; beaches; homes for special care; and tourist establishments.

The Health Inspection staff continue to be very active in the field of public and foodhandler education. Foodhandler education courses were offered to eating and foodshop establishment operators as well as to foodhandlers in hospitals, homes for special care and waitress training schools. In cooperation with the Division of Public Health Engineering, courses for sewage disposal system installers were continued throughout the province in 1986 with special emphasis placed upon the Technical Guidelines for On-Site Sewage Disposal Systems which are being used as a supplement to the Nova Scotia Regulations Respecting On-Site Sewage Disposal Systems (1985). In-service courses were again conducted throughout 1986 for the Public Health Inspection staff and development officers throughout the various regions as well as a more detailed course for qualified persons outside the Department.

Surveillance of water supplies, including chemical and bacteriological sampling of municipal supplies, schools, tourist establishments, trailer parks and swimming pools, were major concerns, as well as the provision of adequate on-site sewage disposal, particularly in areas where soil conditions necessitated larger building lots and more expensive types of disposal systems.

The "Contour Trench" concept of sewage disposal introduced in 1985 so that lot sizes could be reduced is very well received by builders and the general public. This concept is now the most exceptable form of sewage disposal and much of the success can be attributed to the licensing of installers by the Boards of Health throughout Nova Scotia.

HEALTH SUPPORT SERVICES

FINANCE DIVISION

The first of the two accompanying schedules provides the expenditures for the fiscal year ended March 31, 1987 for the various health care services that are the responsibility of the Department of Health. A comparison is made of the costs for the year just ended with those of the previous 12-month period ended March 31, 1986. The Finance Division of the Department is concerned with the assembling and monitoring of the capital and operating budgets relating to these expenditures.

A staff administers the funding of the hospital insurance program, including psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the province. Accounting Counsellors provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year-end.

Expenditures by the Department for approved services and equipment in general hospitals totalled $572,944,185 in 1986-87, an increase of 5.8% over the previous period, including new and expanded programs. It should be noted that the effects of expenditure restraints are slowly being reflected on health expenditures. The increase for 1986-87 represents a decline from the 6.6% increase in 1985-86.

The amount of $4,322,930 for construction grants is 58.4% under the 1985-86 level. During the fiscal year 1986-87, major projects were carried out at the Halifax Infirmary, St. Martha's Hospital in Antigonish, and South Shore Regional Hospital in Bridgewater.

The final group of expenditures on the schedule are the operating budgets for the programs and policies of the two areas of

administration and community health. Included here are all costs for the Community Health Services Division. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $38,594,788 in 1986-87, an increase of 3.3% over the previous year. Generally, this increase is accounted for by the effects of inflation on the cost of salaries and supplies.

Capital equipment for the operating section of the Department amounted to $33,466 in 1986-87, representing a decrease of 51.4%. Capital equipment represents the purchase of equipment costing over $1,000. Because of the nature of this type of expenditure, costs are usually non-recurring and tend to fluctuate greatly from year to year.

Recoveries from other provinces for hospital services provided to residents insured under their insurance programs, along with recoveries from third parties (insurance companies), provide offsets to the operating costs.

The net cost to the province for the various health care services amounted to $596,633,891 for the fiscal year ended March 31, 1987. The major causes of the 4.6% rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements and the pressures of inflation on the other operating costs in the hospitals.

Revenue is received by the Department from the sale of birth, death and marriage certificates, and by the Victoria General Hospital for the room differential cost charged to patients of the hospital.

The Division of Finance continued to be responsible for the third party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. The second accompanying schedule provides a summary of the volume of claims received, processed and remaining open during the year just ended, with a comparison of the volumes handled during the prior year. The dollars recovered towards the costs of hospital and medical services resulting from accidents for the year are also shown. The 14.8% decrease in the amount recovered for 1986-87 reflects a reduction in the number of claims settled during the year, from 2,721 in 1985-86 to 2,475 in 1986-87.

EXPENDITURES
FOR THE TWELVE-MONTH PERIODS
ENDED MARCH 31, 1987 AND MARCH 31, 1986

	March 31 1987	March 31 1986	% Inc. (Dec.)
Hospital Services			
General Hospital Services	$519,565,816	$491,787,301	5.6
Psychiatric Services	42,583,384	40,516,015	5.1
Capital Equipment	10,794,985	9,479,468	13.9
	$572,944,185	$541,782,784	5.8
Hospital Construction			
Capital Debt Assistance	$ 4,756,413	$ 4,371,980	8.8
Construction Grants	4,322,930	10,384,377	(58.4)
	$ 9,079,343	$ 14,756,357	(38.5)
Health Administration & Programs			
Administration	$ 14,711,060	$ 13,710,118	7.3
Community Health	23,850,262	23,597,242	1.1
Capital Equipment	33,466	68,829	(51.4)
	$ 38,594,788	$ 37,376,189	3.3
TOTAL EXPENDITURES	$620,618,316	$593,915,330	4.5
Deduct			
Out-of-Province Recoveries	$ 22,522,002	$ 21,878,739	2.9
Third Party Liability Claims	1,462,423	1,716,741	(14.8)
	$ 23,984,425	$ 23,595,480	1.6
Net Expenditures	$596,633,891	$570,319,850	4.6
REVENUE			
Vital Statistics	$ 399,562	$ 366,037	9.2
V. G. Hospital	1,058,065	450,813	134.7
	$ 1,457,627	$ 816,850	78.4

THIRD PARTY LIABILITY RECOVERIES FOR THE TWELVE-MONTH PERIODS ENDED MARCH 31, 1987 AND MARCH 31, 1986

	March 31 1987	March 31 1986
Files carried open as of April 1	2,177	2,380
New files opened during the year	2,588	2,518
Total files under examination and negotiation	4,765	4,898
Files closed during the year	2,475	2,721
Files remaining open as of March 31	2,290	2,177
Breakdown of Recoveries		
Hospital Claims	$1,277,971	$1,505,474
Medical Claims	184,452	211,267
TOTAL RECOVERIES	$1,462,423	$1,716,741

INFORMATION SYSTEMS AND RESEARCH DIVISION

The Systems and Research Division provides several different technical and specialist services to the other Divisions of the Department and for the health community in general. The major activities and accomplishments of each section during 1986-87 are as follows:

DEPARTMENTAL COMPUTER SYSTEMS - This section is responsible for all technical support services related to internal computer systems, as well as the coordination of new applications development for the Department of Government Services mainframe computer.

The Demographics Data Base was not completed by DGS in 1986-87 as planned, so there were no new mainframe applications. Serious problems with the ZILOG computer in the Finance Division resulted in the need to replace it with a used MAI minicomputer. This computer is used primarily for hospital budgeting, reporting and final assessments. A comprehensive Risk Analysis was carried out on this system also.

Three more microcomputers were acquired during the year and many more staff members were trained in Word Perfect, dBase III, and Multiplan. New applications were developed, such as a Chemotherapy Waste Survey, a Congenital Anomalies Database, and a file on jaundice cases. The NCR Tower supermicro was expanded to accommodate the Diabetic Day Care system and to prepare for the Ambulance Subsidy system installation. Space Planning Methodology software was acquired from Health and Welfare Canada and is used for hospital space requirements analysis.

The Department also acquired a subscription to "InfoHealth", a national database and electronic mail service for the health sector, which is primarily used to do medical data searches on the BRS Colleague database.

HEALTH RECORDS CONSULTING - Emphasis this year was on the refinement and implementation of a provincewide sampling of data on general hospital out-patient and emergency department cases. Educational sessions with hospital medical record and out-patient staff were completed in February and a 10% sample of visits was taken in March, 1987. This amounted to over 8,300 cases, which will be computerized and analysed in 1987.

Continued assistance was provided to Medical Record and Admitting Departments including assessment of workload, staffing reviews, integration of patient information systems, and space planning. A special survey of microfilm requirements was carried out in October, 1986, and an application for summer employment was made through the Department of Development.

Planning was done towards centralization of patient numbering systems in the Sydney area. The creation of regional patient indexes is a long-term goal of the Department.

A survey of Health Record Management job descriptions in the Province was carried out and a prototype description developed.

There was also continued involvement on the Health Records Workload Measurement System with Health and Welfare Canada. A draft document was produced in February and a National Workshop held in March.

HEALTH CARE STATISTICS - This section is responsible for the collection, computerization, maintenance and distribution of health care information.

This information is divided into three main categories: Community Health data (nurses and inspectors activities); Psychiatric services (in-patient and out-patient data), and acute care hospital data (in-patient abstracts and Day Surgery data).

The Community Health data was supplied to the ISR Division in automated form (i.e. diskettes) by the 224 nurses and 70 inspectors. There were 120,500 home visits, 1000 inspections, and the total number of records processed was 545,000.

The acute care hospitals sent 162,000 patient separation forms to the Department and there were 120,000 psychiatric out-patient visits during the 1986-87 year.

These data were heavily used as more than 400 ad hoc requests were processed, and the number of reports sent to hospitals increased by a third over last year to more than 3600.

HEALTH MANPOWER PLANNING - The health manpower section is responsible for the planning and monitoring of human resources, primarily in the areas of manpower utilization, productivity, supply, distribution and education, and the development of comprehensive provincial health manpower policies to correct any perceived resource imbalances.

As part of a continuing project on rehabilitation manpower planning, Nova Scotia has completed the second phase of a needs assessment exercise. As a result of last year's comprehensive review of Nova Scotia's dental manpower needs to the year 2000, Dalhousie Dental School's first year enrollment will be cut back from 40 to 32 in September, 1987.

Similarly, Dalhousie's entry class at the School of Medicine will be reduced from 96 to 84, and internships reduced from 120 to 102 over the next three years, to better reflect a reduction in requirements for physicians within the Maritime region. The new year will include an assessment of regional requirements for Dental Hygienists.

The following table sets out the growth in the numbers of health professionals in Nova Scotia over the past year.

Category	1985	1986	% Change
Physicians	1,511	1,582	4.7
Dentists	345	365	5.8
Certified Nursing Assistants	3,298	3,360	1.9
Registered Nurses	9,236	9,418	2.0
Physiotherapists	241	254	5.4

HOSPITAL COMPUTER SYSTEMS - The primary activities of this section were the provision of systems consulting services to health institutions, and the coordination of computer hardware and software installations and software support services for these institutions. Support for Financial Systems continued to be supplied by local private vendors under a provincial contract. This year a new group, operating out of the Halifax Infirmary, was established to support the provincially licensed Patient Administration software by the sixteen hospitals using it.

In 1986-87 five additional hospitals were given approvals to purchase multi-user computers for Financial applications, bringing the total to twenty-eight. Many more were granted upgrades to their existing equipment to add applications.

The Province continued to promote shared resources between hospitals. As the first step toward patient data being shared between the two hospitals, St. Rita loaded its patient index on Sydney City's computer. Also, there was an upgrade of the Grace Maternity Hospital computer to accommodate the Izaak Walton Killam Hospital's patient Administration software, providing an interim solution while the two institutions prepare for the selection of a new shared Hospital Information System. Another shared arrangement initiated this year was the implementation of a Pharmacy system at the Halifax Infirmary using the Victoria General mainframe computer. The results of this "pilot" project will be used to assess the feasibility of the Halifax Infirmary replacing its entire Patient Administration software with a version of the Victoria General's system.

Two major development projects in the province continued to make progress this year; namely, the Victoria General Hospital Patient Administration project, which has reached the stage of testing the Nursing Order Entry application, and the Valley Health Services Association MIS project, which is in "system test" of the new General Ledger. Also, a new Pharmacy system was developed at Yarmouth Regional Hospital and is available to all hospitals with mini or super micro computers.

PROGRAM EVALUATION AND RESEARCH - The Program Evaluation Analyst chaired several committees consisting of health professionals within the Department and the academic community in order to develop a number of research projects, with the following highlights:

COMMUNITY HEALTH DIVISION -

"Time to Quit" - The effect of the Time to Quit Program was evaluated by determining the 6 and 12 month smoking cessation rates. The report is available from the Nova Scotia Division of the Canadian Cancer Society. A paper describing the evaluation was presented to the 1986 Canadian Public Health Association Conference.

PSYCHIATRIC MENTAL HEALTH -

"Psychiatric Day Hospital Program" - Valley Health Services, in conjunction with the Department of Health, is continuing with the pilot project to monitor patient outcomes. Data are collected from the patient and significant other persons at 4 points in time: admission, discharge, 6 months post-discharge and 12 months post-discharge.

"Suicide Research" - Work continued with Dr. Solomon Hirsch at the Victoria General Hospital. Demographic data on suicides in the province from 1976 to 1986 inclusive have been computerized. The data are now undergoing extensive reliability and validity checks. Curves were fitted to longitudinal suicide data with the assistance of Dr. B. Garner of Community Health and Epidemiology, Dalhousie University. These findings were presented to the 1986 Canadian Psychiatric Association Annual Conference.

"Depression in the Elderly" - Based upon data analysis of the various depression scales, a paper was developed and presented to the 1986 Atlantic Provinces Psychiatric Association Annual Conference.

HEALTH CARE INSTITUTIONS DIVISION -

"Gastro-Intestinal Group" - Three separate studies have been developed with this group. GI Bleed, Jaundice and Colo-Rectal Cancer. All are in various stages of development. Criteria maps were developed for GI Bleed and Jaundice and these will be pretested in the next fiscal year.

"Occupational Therapy" - The quality of care study in occupational therapy was funded by the National Health and Research Development Program. This is a project developed jointly by the School of Occupational Therapy, the Department of Health and the Department of Community Health and Epidemiology at Dalhousie University. The award is $263,202 for a 27 month period.

VITAL STATISTICS DIVISION

The function of this division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act to provide vital statistical data from the records filed under this Statute as the need arises, and assist in the compilation and analysis of morbidity and mortality statistics for the Department.

A total of 537 copies of orders for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons. Re-registrations of adoptions numbered 454.

Notations completed on records during the year totalled 1,687, of these 870 were charged fees, legitimations completed totalled 245.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 4,206 queries from the office.

Letters received by the Division totalled 42,800 with outgoing letters totalling 38,062 letters of query.

Changes of name completed under the Change of Name Act totalled 356 for the year, with 137 duplicate certificates of Change of Name being issued.

Clergymen of all denominations newly registered under the Solemnization of Marriage Act to perform marriages in the province totalled 273. Clergymen whose names were removed from the Clergymen's Register during the year numbered 135.

Number of counter applications used 15,865.

Delayed registrations of birth, being registrations completed more than one year following the date of birth, were completed and filed for 444 persons.

Registrations of current vital occurrences were filed as follows:

Births	12,430
Deaths	7,356
Stillbirths	101
Marriages	6,442

These represent the actual number of registrations of these events filed and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the year are as follows:

1986	
Type of Certificate	Total
All Certificates	43,837
Birth (Short Form)	57
Birth (Long Form)	2,278
Birth (Wallet-size)	33,933
Death (Short Form)	2,237
Death (Long Form)	356
Marriage (Short Form)	34
Marriage (Long Form)	9
Marriage (Wallet-Size)	1,756
Photocopies	3,177

Searches of records for which a count was maintained totalled 44,149. Many hundreds of searches made to verify information for other government departments, and others where authority exists to do this work without charge, are not counted.

Due to the fact that tabulations of details from the records of vital occurrences for the year 1986 cannot be completed until after this report will have been printed, specified causes of death and other detailed data cannot be included here. Such details will be available at a later date direct from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, B3J 2M9, or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL DIVISION

In 1986-87 the Department deleted a net of nine positions from the establishment with an estimated cost decrease of $231,882 (see Tables 1 and 2). There were 74 approved vacancies in 1986-87 compared to 37 in 1985-86. The major reason for the large increase in approved vacancies was due to the Early Retirement Incentive Program offered during the close of fiscal 1985-86 and the early part of 1986-87. During the year, 59 people were appointed on a casual basis to replace staff for reasons such as maternity leave as well as fill in for vacant positions for periods of time. This is an increase of one from the previous year.

The Department, in cooperation with the Civil Service Commission, provided 57 employees with short course training in such areas as pre-retirement planning, supervisory techniques and developmental courses for secretarial staff.

Absenteeism continues to be the major problem, although the number of days lost remains static over last year at 6,324, it must be realized that the establishment has been reduced by nine full time positions.

Twenty-nine employees retired from the Department of Health during the year with an average of 28 years of service per employee. They were:

Susan Dixon - Community Health Nurse, Cape Breton Health Unit
Wilber Ells - Supervisor, Public Health Inspectors, Western Health Unit
Constance Horsfall - Community Health Nurse, Fundy Health Unit
Vernon K. Rideout - Director, Western Health Unit
Helen MacKeigan - Community Health Nurse, Cape Breton Health Unit
Genevieve Nason - Community Health Nurse, Atlantic Health Unit
Mercedes O'Reilly - Community Health Nurse, Northumberland Health Unit
Georgette Gillis - Secretary, Cape Breton Health Unit

Donald Pyle - Manager of Capital Financing, Finance
Edna Walsh - Director, Community Health Nursing
Don Arthur - Director, Vital Statistics
Geraldine Deal - Accounting Clerk, Finance
John Hare - Executive Director, Health Services and Insurance Commission
Edwin Fraser - Dentist, Fundy Health Unit
Eleanor Heighton - Secretary, Northumberland Health Unit
M. Paula MacDonald - Medical Records Librarian, Information Systems and Research
Lexena MacKillop - Community Health Nurse, Cape Breton Health Unit
Mary Pauline McNeil - Supervisor, Community Health Nursing, Western Health Unit
Theonilde Mersereau - Community Health Nurse, Northumberland Health Unit
Marie Porter - Community Health Nurse, Cape Breton Health Unit
Gladys Stevenson - Stenographer, Fundy Health Unit
Agnes Taylor - Supervisor, Community Health Nursing, Northumberland Health Unit
Katherine Williams - Community Health Nurse, Northumberland Health Unit
Ernest DeYoung - Accounting Clerk, Finance
Annie MacDonald - Community Health Nurse, Atlantic Health Unit
Cecile Amirault - Assistant Supervisor, Community Health Nursing, Atlantic Health Unit
Dorthy Anne Mason - Community Health Nurse, Lunenburg-Queens Health Unit
Helen Goss - Secretary, Information Systems and Research
Norman Drabble - Consultant - Purchasing, Health Care Institutions

TABLE 1
ESTABLISHED POSITIONS

	March 31/86	March 31/87
Field CHN's and CNA's	202	202
Inspectors	66	67
Engineers	9	9
Dentists	5	3
Dental Assistants	4	2
Dental Hygienists	26	23
Nutritionists	8	8
Clerical	149	145
Consultants, Technical and Administration	84	85
TOTAL	553	544

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1/86 - March 31/87

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS, DPP)	0	2	0	$108,600.00
Professional Management (MCP, OIC)	0	0	0	0
Professional & Technical (PR) (TE)	4	2	$124,717.58	$57,494.32
Clerical (CL)	1	5	$18,275.92	$94,984.24
Nursing (HSN, HSA)	0	0	0	0
Inspection (TE)	0	0	0	0
Nutrition (PR)	0	0	0	0
Dental (TE, HSB)	0	5	0	$113,797.32
TOTAL	5	14	$142,993.50	$374,875.88
NET DELETED		9		$231,882.38

TABLE 3
VACANCIES

	April 1, 1985 to March 31, 1986	April 1, 1986 to March 31, 1987
Consultants, Technical and Administration	4	4
Training Positions	4	1
Nursing	6	31
Engineering (Inspection)	3	8
Dental	4	1
Nutrition	1	2
Clerical	15	18
TOTAL	37	74

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/85 to March 31/86	April 1/86 to March 31/87	April 1/85 to March 31/86	April 1/86 to March 31/87
Deputy Minister's Office (including Personnel and HSIC)	1	2	1	0
Health Care Institutions	0	2	0	1
Finance	1	4	2	3
Information Systems and Research	0	4	2	2
Psychiatric Services	0	0	0	0
Community Health - Administration (Central Office and Health Units)	3	6	7	8
Nursing Services	4	22	6	19
Engineering (Engineers and Inspectors & Occupational Health)	5	5	9	1
Dental Division	2	0	3	5
Nutrition Services	0	0	1	1
Vital Statistics	2	5	3	5
TOTALS	18	50	34	45

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health since October, 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health on all matters in the health field. Advice to the Department is given in the main through senior staff officials on administrative, policy and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines), hospital operation and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education and preparation of contracts and other documentation for consideration by the Executive Council, Policy Board and Management Board.

The Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, the Victoria General Hospital and the Nova Scotia Hospital.